

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

| | |
|--------------|-------------|
| SERIAL NO. | FILING DATE |
| APPLICANT(S) | |

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | 1 | | | |
| 2 | | 1 | | 1 | | |
| 3 | | 2 | | | | |
| 4 | | 0 | | | | |
| 5 | | 0 | | | | |
| 6 | | 0 | | | | |
| 7 | | 0 | | | | |
| 8 | | 0 | | | | |
| 9 | | 0 | | | | |
| 10 | | 0 | | | | |
| 11 | | 0 | | | | |
| 12 | | 0 | | | | |
| 13 | | 0 | | | | |
| 14 | 1 | | | 1 | | |
| 15 | 0 | | | 1 | | |
| 16 | 0 | | | 1 | | |
| 17 | 0 | | | 1 | | |
| 18 | 0 | | | 1 | | |
| 19 | 0 | | | 1 | | |
| 20 | 0 | | | 1 | | |
| 21 | 0 | | | 1 | | |
| 22 | 0 | | | 1 | | |
| 23 | 0 | | | 1 | | |
| 24 | 0 | | | 1 | | |
| 25 | 0 | | | 1 | | |
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| 49 | | | | 1 | | |
| 50 | | | | 1 | | |
| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

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|--------------|------|------|------|
| IND. | DEP. | IND. | DEP. |
| 51 | | | |
| 52 | | | 1 |
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| 98 | | | |
| 99 | | | |
| 100 | | | |
| TOTAL IND. | | 1 | |
| TOTAL DEP. | | 31 | |
| TOTAL CLAIMS | | 52 | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS